EXHIBIT N

ility Name ____ Dep WE 15

Month/Year Jeff OO

	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Init. B — NPR 15 4Y 5g 9m

Init. B — NPR 12 0 5g 9m

Init. B — START DATE / STOP DATE

Init. — START DATE / STOP DATE

Init. — START DATE / STOP DATE

Init. — START DATE / STOP DATE

Init. — START DATE / STOP DATE

Init. — START DATE / STOP DATE

ALLERGY — START DATE / STOP DATE

IAGNOSIS

PATIENT NAME — Jackson Butler ID 00 B32 WING WE

OCUMENTATION CODES =
C - Discontinued Order
O - Dose Omitted

R - Refused
C - Court
LD - Lock Down

S - Self Administered
NS - No Show
O - Other

NURSE'S SIGNATURE   INITIAL   NURSE'S SIGNATURE   IN

VITAL SIGNS

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

ity Name ___ GU4CF — Use IM's proper ... 15 w/e

Facility medication record (rotated form)

Medication 1: neurontin 200 mg PO HS x 15 w/e — START DATE 2/26 — HOUR: 4

Medication 2: vibramin 3 mg Tid — START DATE 2/26 — HOUR: A N 4

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Month/Year ___

START DATE / STOP DATE (multiple blank rows)

NURSE'S SIGNATURE: Mc Connelly RN   INITIAL: MeC

NURSE'S SIGNATURE

ALLERGY: NKA

DIAGNOSIS: IDDM

PATIENT NAME: Jackson Arthur   ID: 001232   WING: W/B PC

DOCUMENTATION CODES =
D - Discontinued Order
O - Dose Omitted
... Medical Hold

R - Refused
C - Court
LD - Lock Down

S - Self Administered
NS - No Show
O - Other

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

VITAL SIGNS

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:
MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:

ity Name _____

Right Meds

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Month/Year _____

Medication orders (handwritten):

1. Atenden 200mg po HS — BB
   START DATE 7/26/00   STOP DATE

2. Barium 50 mcg T.O — BB
   START DATE 7/26/00   STOP DATE

3. Barium 100mg po X 1 dose — SH
   START DATE 2/26/00   STOP DATE 2/26/00

START DATE / STOP DATE (blank rows)

Init.
Init.
Init.
Init.
Init.

ALLERGY: NKA

PATIENT NAME: Jackson, Heather

DIAGNOSIS: COPD

ID: 001232   WING: PR

DOCUMENTATION CODES =
D - Discontinued Order
D - Dose Omitted
Medical Held

R - Refused
C - Court
LD - Lock Down

S - Self Administered
NS - No Show
O - Other

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

SIGNS

SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

Facility Name _____ SWMF

Month/Year

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Trazodone 200mg po @ HS
START DATE 3/3/10   STOP DATE 8/3/10   HS

Effexor 200mg po 2 TID + 900 po @ HS
START DATE 3/3/10   STOP DATE 8/3/10   HS

Klonopin 1mg po @ HS + program area
START DATE 3/4/10   STOP DATE 8/3/10   HS

Klonopin 1mg po @ HS + program
START DATE 3/4/10   STOP DATE 8/2/10   HS

In will use own meds.
START DATE _____   STOP DATE _____

D/C all are for use only
START DATE _____   STOP DATE _____

Init. _____   START DATE _____   STOP DATE _____

Init. _____   START DATE _____   STOP DATE _____

Init. _____   START DATE _____   STOP DATE _____

ALLERGY   NKDA

DIAGNOSIS   _____

PATIENT NAME   Tooker Arthur   ID 002332   WING WReid

DOCUMENTATION CODES =
C - Discontinued Order
O - Dose Omitted

R - Refused
C - Court
LD - Lock Down

S - Self Administered
NS - No Show
O - Other

NURSE'S SIGNATURE   W.Reid   INITIAL   BB

NURSE'S SIGNATURE   M.C.Connell RN   INITIAL   MCc   Mc Connell RN

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.
3/18	3/18	Keppir 005 Klonor 005			Th

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:
MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:

Facility Name _____ DCP 15DE

Month/Year _March/00_

	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
NPH 20 U SÉ Y A.m R 15 U SÉ B	START DATE 3/3/10	STOP DATE 6/3/10	7A			⑬									⑬					⑬							⑬						
NPH 10 U SÉ Y PM R 13 U	START DATE 3/3/10	STOP DATE 6/3/10	4P					⑭					⑮							⑭													
	START DATE	STOP DATE																																
	START DATE	STOP DATE																																
	START DATE	STOP DATE																																
	START DATE	STOP DATE																																
	START DATE	STOP DATE																																
ALLERGY NKA	START DATE	STOP DATE																																

DIAGNOSIS: IDDM / Psych
PATIENT NAME: Jackson Hathis   ID 06238   WING PR

NURSE'S SIGNATURE	INITIAL	NURSE'S SIGNATURE	INIT
BD / 6/33	WE		

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.
3/5	4/8	FRS			

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:

OF PILLS:

START/STOP DATES:

NURSE SIGNATURE:

INMATE SIGNATURE:

MEDICATION:

OF PILLS:

START/STOP DATES:

NURSE SIGNATURE:

INMATE SIGNATURE:

MEDICATION:

OF PILLS:

START/STOP DATES:

NURSE SIGNATURE:

INMATE SIGNATURE:

ity Name _____ Gaultte

Month/Year _____

| | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

TRAZEDONE 200mg PO q HS
START DATE 3/3/00   STOP DATE 8/31/00

EFFEXOR 200mg PO bid
START DATE 3/31/00   STOP DATE

Klonopin 1 mg PO q AM + noon
START DATE 3/4/00   STOP DATE 5/4/00

Klonopin 1 mg PO q HS
START DATE 3/4/00   STOP DATE 5/4/00

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INIT

_ERGY NKDA

3NOSIS

tIENT
JAME

CUMENTATION CODES =
- Discontinued Order
- Dose Omitted

START DATE	STOP DATE			ID 00232	WING

DOB: 1/6/53

R - Refused
C - Court
LD - Lock Down

S - Self Administered
NS - No Show
O - Other

No more!

USE IM

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

VITAL SIGNS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.
4/5	8:3M	Meds + Insolin ? food			
4/29/00		Effer	not cont.		

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

...y Name ____ GWHCF

Month/Year __ April 00

R- 154 > 56 8 am
1PH - 204
DN
START DATE 3/3/00   STOP DATE 6/3/00

R- 124
NPH - 104 > 56 g pm
START DATE 3/30/00   STOP DATE 6/3/00

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	4A																															
	4p																															

START DATE STOP DATE

START DATE STOP DATE

START DATE STOP DATE

START DATE STOP DATE

START DATE STOP DATE

START DATE STOP DATE

START DATE STOP DATE

LLERGY	START DATE	STOP DATE
NKOA	1/6/53	4D

GNOSIS
IDDM / psych

TIENT
AME   Jackson, Arthur

ID 00732   WING

NURSE'S SIGNATURE   INITIAL

NURSE'S SIGNATURE   INITL

VITAL SIGNS

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.
4/1/02					
4/2/02	4pm	Atol Cpu not locate			
	4p				

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

MEDICATION:
OF PILLS:
START/STOP DATES:
NURSE SIGNATURE:
INMATE SIGNATURE:

Facility Name — GWHCF W W

Month/Year — 3/00

Insulin

Reg - 134 ⁊ 5q 9 AM
NPH. 20u ⁊ 5q 9 AM
START DATE 3/30   STOP DATE 6/30

Reg - 12 u → SA 9 AM
NPH - 10 u → SA 9 pM
START DATE 3/30   STOP DATE 6/30

START DATE   STOP DATE

START DATE   STOP DATE

START DATE   STOP DATE

START DATE   STOP DATE

Mallory 30e Po 7D PRN x3 Amp
START DATE 6/6/00   STOP DATE 6/8/00

Klonopin 30epo 7D pm x 3 Amp
START DATE 6/6/00   STOP DATE 6/8/00

Librium 50m po stat
START DATE 6/6/00   STOP DATE 6/6/00

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

PATIENT NAME Jackson, Arthur   ID 00030   WING 4D

DIAGNOSIS IDDM / psych

ALLERGY NKDA

START DATE 6/6/00   STOP DATE 6/6/00   CS   1.6.53

DOCUMENTATION CODES =
D - Discontinued Order
O - Dose Omitted
LD - Lock Down

R - Refused
C - Court
LD - Lock Down

S - Self Administered
NS - No Show
O - Other

NURSE'S SIGNATURE   INITIAL   NURSE'S SIGNATURE

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

VITAL SIGNS

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
RESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.
6/6	4p	insulin held	I-135 3c —		CB
5/21					

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:
MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:

cility Name _____ HILL (GEORGE W) CORR FAC   WE   FRI → SUN

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Month/Year

Rx TRAZODONE 100MG TAB
TWO (2) TABS (200MG) ORALLY AT BEDTIME
Rx 1864160 GESSNER, VICTORIA , MD
START DATE 03/04/00   STOP DATE 06/01/2000

Init.

START DATE 3/3   STOP DATE 6/3

Klonopin 1mg po q AM + □ hs   Init.

START DATE   STOP DATE

Klonopin 1mg po q hs x 90 days   Init.

START DATE 3/4   STOP DATE 6/4

Init.

START DATE   STOP DATE

V Init.

START DATE   STOP DATE

V Init.

START DATE   STOP DATE

N Init.

START DATE   STOP DATE

N Init.

START DATE   STOP DATE

ALLERGY   NKDA

DIAGNOSIS Depression

PATIENT NAME JACKSON, ARTHUR   ID 001232   WING PR

DOCUMENTATION CODES =
)C - Discontinued Order
)O - Dose Omitted

R - Refused
C - Court
D - Lock Down

S - Self Administered
NS - No Show
O - Other

NURSE'S SIGNATURE   INITIAL   NURSE'S SIGNATURE

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TEMP.																														
PULSE																														
ESPIRATION																														
BLOOD PRESSURE																														
WEIGHT																														

PRN AND MEDICATIONS ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.
5/3/00					
5/3/00	HS — 'm here on weend only —				
5/7/00 R	effer us 6/8				SKN

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:
MEDICATION:	MEDICATION:
# OF PILLS:	# OF PILLS:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE: